	FL-3 <i>i</i>
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
MARRIAGE OF	
PETITIONER:	
RESPONDENT:	
CLAIMANT:	
PLEADING ON JOINDER—EMPLOYEE BENEFIT PLAN	CASE NUMBER:
TELADING ON COMBETT CHILL ESTEE BENEFITT EAR	
 Information concerning the employee covered by the plan: Name: Employer (name): Name of labor union representing employee: Employee identification number: Other (specify): 	
2. Petitioner's	
a. Attorney (name, address, and telephone number):	
b. Address and telephone number, if unrepresented by an attorney:	
3. Respondent's	
a Attorney (name, address, and telephone number):	
b. Address and telephone number, if unrepresented by an attorney:	

PETITIONER:	CASE NUMBER:	
RESPONDENT:		
 4. Petition for dissolution a. Date of marriage: b. Date of separation: 5. Response states a. Date of marriage: b. Date of separation: 		
6. Judgment a. has not been entered b. and disposes of each spouse's interest in the employee benefit plan. (2) and does not dispose of each spouse's interest in the employee benefit plan.	an.	
 7. The following relief is sought: a. An order determining the nature and extent of both employee and nonemployee spouse's interest in employee's benefits under the plan. b. An order restraining claimant from making benefit payments to employee spouse pending the determination and disposition of nonemployee spouse's interest, if any, in employee's benefits under the plan. c. An order directing claimant to notify nonemployee spouse when benefits under the plan first become payable to employee. d. An order directing claimant to make payment to nonemployee spouse of said spouse's interest in employee's benefits 		
under the plan when they become payable to employee. e. Other (specify):	pouse's interest in employee's benefits	
f. Such other orders as may be appropriate.		
Dated:(SIGN.	ATTORNEY FOR) PETITIONER RESPONDENT	
	(TYPE OR PRINT NAME)	